



503.39601CX1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

M. TOMIOKA, et al

Serial No.:

10/790,128

Filed:

March 1, 2004

For:

LIQUID CRYSTAL DISPLAY DEVICE

Group:

2871

Examiner:

T. Chowdhury

<u>AMENDMENT</u>

Mail Stop Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

August 26, 2004

Sir:

In response to the Office Action dated May 27, 2004, the following amendments and remarks are respectfully submitted in connection with the aboveidentified application, as listed below and as set forth on the following pages:

09/07/2004 TDANKINS 00000005 012135 10750128 Amendment of the Title; 01 FC:1203 290.00 DA

Amendment of the Specification;

Amendment of the Claims; and

Remarks are included following the amendments.

88 08/27/2004 SSESHE1 00000110 10790128

In view of the above amendments and remarks, applicants submit that all claims present in this application should now be in condition for allowance, and issuance of an action of a favorable nature is courteously solicited.

To the extent necessary, applicant's petition for an extension of time under 37 CFR 1.136. Please charge any shortage in the fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 01-2135 (503.39601CX1) and please credit any excess fees to such deposit account.

Respectfully submitted,

Melvin Kraus

Registration No. 22,466

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMER Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number to the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number to the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number to the paper Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED **FOR** NUMBER EXTRA RATE FEE **RATE** FEE **BASIC FEE** (37 CFR 1.16(a)) OR **TOTAL CLAIMS** (37 CFR 1.16(c)) minus 20 = X \$ = X \$ OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X S X S OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) + 5 OR = Ξ * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) **SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST PRESENT** REMAINING NUMBER RATE ADDI-RATE ADDI-**AMENDMENT AFTER EXTRA PREVIOUSLY** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus 20 Υð (37 CFR 1.16(c)) X \$ OR Independent (37 CFR 1.16(b)) 3 Minus 3 X S = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + s 290 = OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST മ **PRESENT** REMAINING NUMBER RATE ADDI-RATE ADDI-**AMENDMENT AFTER EXTRA PREVIOUSLY** TIONAL TIONAL PAID FOR **AMENDMENT** FEE FEE Total Minus = (37 CFR 1.16(c)) X \$ X \$ OR Independent Minus = X S = OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE ---(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING **PRESENT** NUMBER RATE ADDI-ADDI-RATE AMENDMENT **AFTER PREVIOUSLY EXTRA** TIONAL TIONAL **AMENDMENT** PAID FOR FEE FEE Total Minus (37 CFR 1,16(c)) = X S OR = Independent Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

(37 CFR 1.16(b))

=

TOTAL

ADD'L FEE

OR

OR

OR

TOTAL

ADD'L FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.